

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7677

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5219		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) Campbranch N. East 2 years				c. CITY (If outside corporate limits, write RURAL and give township) Campbranch 2 1/2 Mi. N. East Lynne, Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 Mi. N. East Lynne				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Phoebe Jane Schader			4. DATE OF DEATH (Month) (Day) (Year) Mar. 27 49				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 22 1861	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Jackson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John Martin			13b. MOTHER'S MAIDEN NAME Jermah Roupe			14. NAME OF HUSBAND OR WIFE Ernest Schader	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. No			17. INFORMANT'S SIGNATURE OR NAME William Schader ADDRESS Pleasant Hill, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis DUE TO (c) Spermatic stenosis of the colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH About 86 da.	
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION 4211				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE X (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from Jan 1, 1944 , to Mar 27, 1949 , that I last saw the deceased alive on Mar 27, 1949 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W Beckman, M.D.				23b. ADDRESS Strasburg Mo		23c. DATE SIGNED 3/29/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-30-49		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem		24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo	
DATE REC'D BY LOCAL REG. April 2, 1949		REGISTRAR'S SIGNATURE Rama J. Jones		51		25. FUNERAL DIRECTOR'S SIGNATURE Allen Brumfield ADDRESS Pleasant Hill Mo	

(If signed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1927

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

By me _____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Allen Brunsford*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.